## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

**Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

22850

7590

11/17/2008

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## CUSTOMER NUMBER 22850

22830	7390 1171	7/2008	) Cabo	Certif	icate of Mailing or Transi	mission	
CL	JSTOMER	R NUMBE	R Stal	tes Postal Service with ressed to the Mail S asmitted to the USPTC	ree(s) Transmittal is being n sufficient postage for firs top ISSUE FEE address (571) 273-2885, on the da	ideposited with the United t class mail in an envelope above, or being facsimile ate indicated below.	
				(Depositor's name)			
22850				(Signature)			
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/539,076 06/15/2005 Jorg Schneider 273247US0PCT 9199 TITLE OF INVENTION: METHOD FOR THE PRODUCTION OF ALKOXYCARBONYLAMINO TRIAZINES						9199	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE F	EE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/17/2009	
EXAMINER		ART UNIT	CLASS-SUBCLASS	]			
BALASUBRAMANIAN, VENKATARAMAN 1624		1624	544-196000	•			
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Oblon, Spivak,  2 McClelland, Maier  3 & Neustadt, P.C.				
3. ASSIGNEE NAME	AND RESIDENCE DAT	A TO BE PRINTED ON	THE PATENT (print or ty)	pe)			
PLEASE NOTE: U recordation as set fo	nless an assignee is iden orth in 37 CFR 3.11. Com	tified below, no assignee pletion of this form is NO	data will appear on the p	atent. If an assignee	is identified below, the do	ocument has been filed for	
(A) NAME OF ASS		•	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
BASF Akt	iengesell	schaft	Ludwigshafen, GERMANY				
Please check the approp	priate assignee category of	categories (will not be pr	rinted on the patent);	Individual 🖾 Corp	oration or other private gro	up entity Government	
4a. The following fee(s) are submitted:  Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>A check is enclosed.</li> <li>Payment by credit card. Transmitted via EFS-Web.</li> <li>The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).</li> </ul>				
	atus (from status indicate	u above)	<b>.</b>				

Please check the appropriate assignee category or categories (will not be printed on the pa 4a. The following fee(s) are submitted: 4b. Payment of I 🗖 A check is Issue Fee Payment Publication Fee (No small entity discount permitted) Advance Order - # of Copies \_\_\_ The Direct overpaym 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Typed or printed name

Registration No. 58.014

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.